		+ <b>D</b> C	30 IVIAIII
Fill	in this information to identify your case:		
Deb	otor 1 John Joseph Hofer First Name Middle Name Last Name		•
Deb	otor 2		
	use if, filing) First Name Middle Name Last Name		•
Uni	ted States Bankruptcy Court for the: DISTRICT OF NEW JERSEY		
Cas (if kn	e number 17-10475 own)	_	k if this is an ded filing
Su	ficial Form 106Sum  mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info you	is complete and accurate as possible. If two married people are filing together, both are equally responsible f rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend or original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	ed sched	ing correct lules after you file
1 41	Odminarize Four Assess	Voue	issets
			of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	. \$	198,360.00
	1b. Copy line 62, Total personal property, from Schedule A/B		42,217.75
	1c. Copy line 63, Total of all property on Schedule A/B	\$	240,577.75
Par	t 2: Summarize Your Liabilities		
		1	iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	408,036.47
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		11,170,99
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	<b>*</b>	
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	17,232.30
	Your total liabilities	\$	436,439.76
Par	t 3: Summarize Your Income and Expenses		.,
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,900.34
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,988.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of	our other s	chedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	il, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debto	1 John Joseph Hofer	Document	Gase number (if known)	17-10475	
8. F	from the Statement of Your Current Monthly 22A-1 Line 11; OR, Form 122B Line 11; OR, Form	Income: Copy your form 122C-1 Line 14.	total current monthly income from C	Official Form	\$ 5,044.0

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

·	Total	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	<u>11,170.99</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	·	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	11,170.99

Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main Fill in this information to identify your case and this filing: Debtor 1 John Joseph Hofer Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Check if this is an Case number 17-10475 amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? 1.1 What is the property? Check all that apply 1748 Hillwood Road Do not deduct secured claims or exemptions. Put the ☐ Single-family home amount of any secured claims on Schedule D: Street address, if available, or other description Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home Current value of the Current value of the Forked River NJ 08731-0000 Land portion you own? entire property? \$198,360.00 \$198,360.00 City State ZIP Code Investment property Timeshare Describe the nature of your ownership interest Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only Ocean Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Fmv: \$228,000.00 Less cost of Sale:29,640.00 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$198,360.00 pages you have attached for Part 1. Write that number here..... Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that

someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B

Schedule A/B: Property

Official Form 106A/B

Schedule A/B: Property

Case 17-10475-CMG

Doc 10

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Document Page 6 of 46 Case number (if known) 17-10475 Debtor 1 John Joseph Hofer 17. Deposits of money Examples: Checking, savings, or other financial accounts: certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... TD Bank account \$1,182.63 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture □ No Yes. Give specific information about them..... Name of entity: % of ownership: \$1,000.00 John Hofer Contracting 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them...

Case 17-10475-CMG

Doc 10

Filed 01/24/17

Entered 01/24/17 14:45:54

	Cas	se 17-10475-CMG	Doc 10		-	Entered 01/24/17	7 14:45:54	Desc Main
Del	btor 1	John Joseph Hofer		Document	Pag	e 7 of 46 Case num	iber (if known) 1	7-10475
Mo	ney or p	property owed to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refi	unds owed to you						
ı	■ No	Give specific information abou	ut them, includ	ing whether you al	ready file	ed the returns and the tax	cyears	
1	Examp. ■ No	support les: Past due or lump sum ali Give specific information	mony, spousa	l support, child sup	port, ma	iintenance, divorce settle	ment, property se	ettlement
ļ	Examp	mounts someone owes you les: Unpaid wages, disability in benefits; unpaid loans you	insurance payr		enefits, s	ick pay <sub>,</sub> vacation pay,  wo	orkers' compens:	ation, Social Security
31.	Interest	ts in insurance policies les: Health, disability, or life in	nsurance; heal	ith savings accoun	t (HSA);	credit, homeowner's, or r	renter's insurance	е
		Name the insurance company Compa	of each policy ny name:	y and list its value.		Beneficiary:		Surrender or refund value:
32.	If you a	erest in property that is due are the beneficiary of a living t ne has died.	you from soi rust, expect pr	meone who has d roceeds from a life	lied insuranc	ce policy, or are currently	entitled to receiv	re property because
	■ No □ Yes.	Give specific information						•
		against third parties, wheth					nent	
		Describe each claim				, -		
34.	Other o	contingent and unliquidated	l claims of eve	ery nature, includ	ing cou	nterclaims of the debto	r and rights to s	set off claims
	☐ Yes.	Describe each claim						
	Any fin ■ No	ancial assets you did not al	ready list					
	☐ Yes.	Give specific information						
36	. Add t for Pa	he dollar value of all of you art 4. Write that number her	r entries from e	Part 4, including	any ent	ries for pages you have	attached	\$2,182.63
Pa	rt 5: Des	scribe Any Business-Related Pr	operty You Own	or Have an Interest	: In. List a	ny real estate in Part 1.		
37.	Do you o	own or have any legal or equitab	le interest in an	y business-related r	roperty?			
		to Part 6.						
[	☐ Yes. G	Go to line 38.	-					
	•							

Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main Page 8 of 46 Document Case number (if known) 17-10475 Debtor 1 John Joseph Hofer Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form \$198,360.00 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 \$36,835.12 57. Part 3: Total personal and household items, line 15 \$3,200.00 58. Part 4: Total financial assets, line 36 \$2,182.63 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00

\$42,217.75

Copy personal property total

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$42,217.75

\$240,577.75

Fill in this infor	mation to identify your	case:			
Debtor 1	John Joseph Hof	er			
	First Name	Middle Name	Last Name	-	
Debtor 2				,	
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSE	<u> </u>		
Case number (if known)	17-10475		·		☐ Check if this is an amended filing

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

.0 1	ne applicable statutory amount.											
Pa	rt 1: Identify the Property You Claim as Ex	xempt										
1.	Which set of exemptions are you claiming?	Check one only, eve	n if yo	our spouse is filing with you.								
	☐ You are claiming state and federal nonbank	cruptcy exemptions.	11 U.S	S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)										
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.											
	Brief description of the property and line on	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption							
	Schedule A/B that lists this property	Copy the value from Schedule A/B	Ĉħe	ck only one box for each exemption.								
	1748 Hillwood Road Forked River, NJ	\$198,360.00		\$23,675.00	11 U.S.C. § 522(d)(1)							
	08731 Ocean County Fmv: \$228,000.00 Less cost of Sale:29,640.00 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit								
	2011 GMC Seirra 1500 Extended Can	\$17,000.00		\$3,775.00	11 U.S.C. § 522(d)(2)							
	SLE Line from Schedule A/B: 3.2		ıΠ	100% of fair market value, up to any applicable statutory limit								
	Household Goods and furnishings	\$2,500.00		\$2,500.00	11 U.S.C. § 522(d)(3)							
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit								
	Electronics	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)							
	Line from Schedule A/B: 7.1	£		100% of fair market value, up to any applicable statutory limit								
	Clothing	\$200.00	I	\$200.00	11 U.S.C. § 522(d)(3)							
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit								

Page 10 of 46 Document Debtor 1 John Joseph Hofer Case number (if known) 17-10475 Specific laws that allow exemption Brief description of the property and line on Current value of the Amount of the exemption you claim Schedule A/B that lists this property portion you own Check only one box for each exemption. Copy the value from Schedule A/B **TD Bank account** 11 U.S.C. § 522(d)(5) \$1,182.63 · \$1,182.63 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 11 U.S.C. § 522(d)(6) John Hofer Contracting \$1,000.00 \$1,000.00 Line from Schedule A/B: 19.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

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page 2 of 2

Case 17-10475-CMG

Doc 10

	Document F	ane ii o	T 46		
Fill in this information to identify you	ır case:				
Debtor 1 John Joseph Ho	ofer				
First Name		Last Name			
Debtor 2				1	
(Spouse if, filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the	DISTRICT OF NEW JERSEY				
Case number 17-10475				<b>—</b> 051-	:#41_t_ t
(if known)		-			if this is an
			<del></del>	ameno	ed filing
Official Form 106D					
	Who Have Claims 6		hu Dranavi	.=	40145
Schedule D: Creditors	Wind have Claims 5	ecurea	by Propert	<u>y                                      </u>	12/15
Be as complete and accurate as possible. If					
needed, copy the Additional Page, fill it out, known).	number the entries, and attach it to this	form. On the to	p of any additional p	ages, write your name an	d case number (if
1. Do any creditors have claims secured by	your property?				•
*		ahadulaa Vai	, have nothing also	to roport on this form	
_	his form to the court with your other s	chedules. You	nave nothing else	to report on this form.	
Yes. Fill in all of the information	below.			•	
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has n	nore than one secured claim, list the credito	r separately for	Column A	Column B	Column C
each claim. If more than one creditor has a p		t 2. As much	Amount of claim  Do not deduct the	Value of collateral	Unsecured portion
as possible, list the claims in alphabetical ord	er according to the creditor's hame.		value of collateral.	that supports this claim	if any
2.1 Capital One retail Service			¢40 242 02	\$40.242.02	\$0.00
- Yamaha	Describe the property that secures the	claim:	\$10,312.93	\$10,312.93	\$0.00
Creditor's Name	2017 Quad				
Po Box 71106	As of the date you file, the claim is: Che	ck all that			
Charlotte, NC 28272	apply.  Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	An agreement you made (such as mo	rtgage or secure	d		
☐ Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	ınic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)				<u> </u>
community debt					
Date debt was incurred	Last 4 digits of account number	5674			
2.2 Ocwen Loan Servicing	Describe the property that secures the	claim:	\$363,972.35	\$198,360.00	\$165,612.35
Creditor's Name	1748 Hillwood Road Forked R		<del>+</del> <del>,</del>		
•	NJ 08731 Ocean County	· · · · · ·		e	
1661 Worthington Road	Fmv: \$228,000.00				
Suite 100	Less cost of Sale:29,640.00				
West Palm Beach, FL	As of the date you file, the claim is: Che apply.	ek ali inat			
33409	☐ Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
TAIL Albarda Mark Colorada	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mo car loan)	ngage or secure	su .		
Debtor 2 only	_		-		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mecha	ınıc's lien)			
☐ At least one of the debtors and another☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)		•		
community debt	— Other (including a right to onset)				

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Debtor 1 John Joseph Ho	fer	·	Case	number (if know)	17-10475	
First Name	Middle Na	ame Last Name				
Date debt was incurred		Last 4 digits of account number 36	69			
2.3 Sheffield Financial C	•	Describe the property that secures the claim:		\$9,522.19	\$9,522.19	\$0.00
Creditor's Name		2016 Quad	$\neg$ $\overline{}$	Ψ0,022.10		
		2010 @222				
2554 Lewisville						
Clemmons		As of the date you file, the claim is: Check all the apply.	at .			
Clemmons, NC 27012	2	Contingent				
Number, Street, City, State & Zip	Code	☐ Unliquidated				
Who owes the debt? Check one	<del>)</del> .	☐ Disputed  Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mortgage of	or secured			
☐ Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mechanic's lie	n)			
At least one of the debtors and	another	☐ Judgment lien from a lawsuit				•
☐ Check if this claim relates to a	a	Other (including a right to offset)				
community debt						
Open						
12/15 Activ	Last					
Date debt was incurred 8/04/	_	Last 4 digits of account number 20	800			
			-	<u> </u>		
2.4 Wfds/wds		Describe the property that secures the claim:		\$24,229.00	\$17,000.00	\$7,229.00
Creditor's Name		2011 GMC Seirra 1500 Extended				
		Can SLE				
Po Box 1697		As of the date you file, the claim is: Check all the	at			
Winterville, NC 2859	0	apply. □ Contingent				
Number, Street, City, State & Zip		☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check one	э.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mortgage of	or secured			
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mechanic's lie	en)			
☐ At least one of the debtors and	another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to	a	Other (including a right to offset)				
community debt						
. Oper	ned					
	Last					
Date debt was incurred Activ	e 08/16	Last 4 digits of account number 09	922			
Add the dellar value of your an	trice in Co	olumn A on this page. Write that number here:		\$408,030	6 47	
		the dollar value totals from all pages.				
Write that number here:	o,, aaa .	and donar value to the state of the pages.		\$408,030	b.4 <i>1</i>	
Part 2: List Others to Be N	otified fo	or a Debt That You Already Listed				
<del></del>	.,	e notified about your bankruptcy for a debt that	vou alread	v listed in Part 1. Fo	r example, if a collectio	n agency is trying
to collect from you for a debt you	u owe to s you listed	omeone else, list the creditor in Part 1, and the d in Part 1, list the additional creditors here. If yo	n list the co	ollection agency her	e. Similarly, if you have	more than one
Name, Number, Street, City	v State <sup>p. 1</sup>	Zin Code	an andriale fi-	o in Doct 4 did	tor the proditors 22	
Foreclosure Proces			AL MUICU IIU	e iii mait i did you en	ter the creditor? 2.2	
Superior Court Cler			ast 4 digits	of account number _	<u>5910</u>	
PO Box 971			-			
Trenton, NJ 08625						

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Debt	or 1 John Joseph	h Hofer		Case number (if know)	17-10475	
	First Name	Middle Name	Last Name	_		
			PC .	. On which line in Part 1 did you enter Last 4 digits of account number5		
	Select Portfiolic	emple, Suite 2000		On which line in Part 1 did you ente	<del></del>	

			Document	Page 14 of	46	•	
Fill	in this inform	ation to identify your	case:				
Del	btor 1	John Joseph Hofe	er			•	•
		First Name	Middle Name	Last Name			
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name	<del></del>		
•				Lastivanio			
Uni	ited States Ban	kruptcy Court for the:	DISTRICT OF NEW JERSEY				
Cas	se number 1	7-10475			•		
	iown)					☐ Check	if this is an
		• .				amend	ed filing
∩fi	ficial Form	106E/F					•
			ho Have Unsecured	Claime			12/15
			Part 1 for creditors with PRIORITY		or creditors with NONE	RIORITY claime   Liet	
Sche D: C the (	edule G: Executo reditors Who Ha	ory Contracts and Unexpir ve Claims Secured by Pro	hat could result in a claim. Also list red Leases (Official Form 106G). Do operty. If more space is needed, cop e no information to report in a Part,	not include any cre y the Part you need	editors with partially sed I, fill it out, number the	cured claims that are entries in the boxes o	listed in Schedule on the left. Attach
Par	t 1: List All	of Your PRIORITY Un	secured Claims				
1,	Do any creditors	s have priority unsecured	claims against you?		<u> </u>		
	☐ No. Go to Par	rt 2.					
	Yes.						
2,	identify what type possible, list the	e of claim it is. If a claim has claims in alphabetical order	If a creditor has more than one priority s both priority and nonpriority amounts, r according to the creditor's name. If your triclaim, list the other creditors in Part	list that claim here and have more than to	and show both priority an	d nonpriority amounts.	As much as
	(For an explanati	ion of each type of claim, se	ee the instructions for this form in the ir	struction booklet.)			
					Total claim	Priority amount	Nonpriority amount
2.1	Internal	Revenue Service	Last 4 digits of account	t number	\$11,170.99	\$11,170.99	\$0.00
	•	ditor's Name					
	•	Procedures tcy Section	When was the debt inc	urrea /		-	
	P.O. Box						
		eld, NJ 07081					
		eet City State ZIp Code the debt? Check one.	As of the date you file,	the claim is: Check	all that apply		
			☐ Contingent				
	Debtor 1 on	-	Unliquidated				
	Debtor 2 on	ily	☐ Disputed				
	Debtor 1 an	d Debtor 2 only	Type of PRIORITY unse				
	☐ At least one	of the debtors and another		_			
		is claim is for a commun	-		- ' <del>-</del> '		
		ibject to offset?	☐ Claims for death or p				
	■ No		Other. Specify				
	☐ Yes						

Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Document Page 15 of 46 Case number (if know) 17-10475 Debtor 1 John Joseph Hofer 2.2 \$0.00 \$0.00 State of New Jersey Last 4 digits of account number Unknown Priority Creditor's Name When was the debt incurred? Department of the Treasury **Division of Taxation** P.O. Box 187 Trenton, NJ 08695-0187 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated is the claim subject to offset? ■ No Other. Specify ☐ Yes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim **Community Medical Center** Last 4 digits of account number \$275.74 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 29969

New York, NY 10087 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes Other, Specify 4.2 Last 4 digits of account number \$25.54 **Community Medical Center** Nonpriority Creditor's Name When was the debt incurred? P.O. Box 903 Oceanport, NJ 07757-0903 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Official Form 106 E/F

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Debtor 1 John Joseph Hofer Case number (if know) 17-10475 4.3 First Premier Bank Last 4 digits of account number \$607.00 9917 Nonpriority Creditor's Name Opened 08/13 Last Active 601 S Minnesota Ave When was the debt incurred? 09/16 Sioux Falls, SD 57104 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify Credit Card First Resoulution Investment 2013 \$12,465.60 Last 4 digits of account number Corporation Nonpriority Creditor's Name When was the debt incurred? PO Box 34000 Seattle, WA 98124 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims **■** No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Jersey Shore University Medical 1641 \$540.00 Last 4 digits of account number 4.5 Center Nonpriority Creditor's Name When was the debt incurred? Meridian Health Pt Pymt PO Box 417140 Boston, MA 02241 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor	1 John Joseph Hofer	Case number (if know) 17-10475			
	Kimball Emergency Med Assoc Nonpriority Creditor's Name Po Box 417442 Boston, MA 02241	Last 4 digits of account number 2631  When was the debt incurred?	\$765.00		
-	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts  ☐ Other. Specify			
	Ocean Orthopedic Associates, PA	Last 4 digits of account number 9416	\$1,727.00		
	Nonpriority Creditor's Name 530 Lakehust Road, 1st Floor Toms River, NJ 08755	When was the debt incurred?			
_	Number Street City State ZIp Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent ☐ Unliquidated			
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and another	☐ Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	■ Other. Specify			
	OMS/Manahawkin Urgent Care	Last 4 digits of account number 1798	\$165.00		
	Nonpriority Creditor's Name 712 E Bay Ave., Suite 22B Manahawkin, NJ 08050	When was the debt incurred?			
-	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.  Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts			
	□ Yes	Other. Specify			

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Deptor	1 John Joseph Hofer	Case number (if know) 17-104/5	
4.9	Prabhat Das, MD Nonpriority Creditor's Name	Last 4 digits of account number 0721	\$250.00
	1398 Cabernet Court	When was the debt incurred?	
	Toms River, NJ 08753  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	☐ Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify	
4.10	The Urgent Care Group	Last 4 digits of account number 5751	\$97.00
	Nonpriority Creditor's Name		
	Po Box 8594 Belfast, ME 04915-8594	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	☐ Unliquidated	
	☐ Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
,	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.11	Tidal Emergency Physicials	Last 4 digits of account number 6414	\$314.42
	Nonpriority Creditor's Name P.O. Box 41433	When was the debt incurred?	
	Philadelphia, PA 19101  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	,
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
	The Color of D. National About - Date	A The t Very Alexa du Liefa d	
trying more	his page only if you have others to be notified ab	out your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a conneelse, list the original creditor in Parts 1 or 2, then list the collection agency here. Simusted in Parts 1 or 2, list the additional creditors here. If you do not have additional perso	allarly, if you have
<del>-</del>		On which entry in Part 1 or Part 2 did you list the original creditor?	
name a		Line 4.6 of (Check one):	
B & E		· · · · · · · · · · · · · · · · · · ·	
B & E Po B	ox 2137 s River, NJ 08754	Part 2: Creditors with Nonpriority Unsecured Claims	5

Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main Document Page 19 of 46 Case number (if know) Debtor 1 John Joseph Hofer 17-10475 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Celetano, Stadtmauer & ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.5 of (Check one): Walentowicz Part 2: Creditors with Nonpriority Unsecured Claims 1035 Route 46 East Clifton, NJ 07015 Last 4 digits of account number 1641 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Certified Credit & Collection Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 336 Part 2: Creditors with Nonpriority Unsecured Claims Raritan, NJ 08869 Last 4 digits of account number 1641 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Elevate Recoveries** Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 260804 Part 2: Creditors with Nonpriority Unsecured Claims Plano, TX 75026 Last 4 digits of account number 2429 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Transworld Systems Inc, Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 30600 Telgraph RD Part 2: Creditors with Nonpriority Unsecured Claims **Suite 4235** Franklin, MI 48025 Last 4 digits of account number 4763 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? United Telemanagement Corp. Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Community Medical Center Billing Part 2: Creditors with Nonpriority Unsecured Claims Dept. P. O. Box 711943 Cincinnati, OH 45271-1943 Last 4 digits of account number 0075 Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim** Domestic support obligations 6a. 0.00 Total claims 6b. Taxes and certain other debts you owe the government 6b. 11,170.99 from Part 1 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 11,170.99 **Total Claim** 6f Student loans 6f. 0.00 Total claims Obligations arising out of a separation agreement or divorce that you from Part 2 6g. 0.00 6g. did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 17,232.30 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i.

\$

17,232.30

6j.

Total Nonpriority. Add lines 6f through 6i.

			Doci	ıment	Page 20 of 46	
Fill in t	this info	rmation to identify your	case:			
Debtor	- 1					· · · · · · · · · · · · · · · · · · ·
Debtor	1	John Joseph Hof	er Middle Name		Last Name	
Debtor		i i st Heimo	Middle Maille		Last Name	1
(Spouse	_	First Name	Middle Name	•	Last Name	1
United	States E	Bankruptcy Court for the:	DISTRICT OF NE	W JERSEY		
C		47 40475				
(if known)	umber	17-10475				Charle if this is an
(ii Alonni	,				-	☐ Check if this is an
						amended filing
Offic	ial E	orm 106G				
		<del></del>				
Sch	edule	e G: Executory	/ Contracts	and Un	expired Leases	1 <i>2/</i> 15
					ig together, both are equally res	ponsible for supplying correct
informa	ation. If	more space is needed, c	opy the additional	page, fill it ou		h it to this page. On the top of any
additio	nal page	es, write your name and	case number (if kn	own).		
4 D-			-4	2		
	-	ve any executory contra	•			
				•	chedules. You have nothing else t	•
Ц	Yes, Fill	l in all of the information b	elow even if the cont	acts of leases	are listed on Schedule A/B:Prope	rty (Official Form 106 A/B).
2. Lis	et canar	atoly each person or con	nnany with whom y	ou have the c	contract or losse. Then state who	at each contract or leace is for /for
						at each contract or lease is for (for more examples of executory contracts
		red leases.	none, eee the mat	dedono toi tine	Tom in the motivation because for	
	•					
P	erson o	r company with whom yo	ou have the contrac	t or lease	State what the contract or lea	ise is for
2.1		Name Number, Street, City	, State and ZIP Code			
_	Name				_ ·	
	Name					
_						
ļ	Number	Street				
-	City		State ZIP	Code	<del>_</del>	
2.2						
_	Name				<del></del>	
-	Number	Street			_	
,		-11001				
-	City		State ZIP	Code		
2.3						
-	Name				<del></del>	
-	Number	Street			_	
	City		State ZIP	Code		, para - 1
2.4						
	Name					
_	Number	Street			_	
_			<b>-</b>	_		
	City		State ZIP	Code		
2.5	Mar				<u> </u>	•
	Name					
_					<del></del>	
	Number	Street				
_	City	·	Stata 710	Codo	<del></del> -	
	City		State ZIP	Code		

		Docume	nt Page 21 c	of 46	_
Fill in this in	formation to identify your	case:			
Debtor 1	John Joseph Hof	er .			7
	First Name	Middle Name	Last Name	<u> </u>	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name	`	
United States	Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case numbe	, 47 40 <i>4</i> 75				
(if known)	r <u>17-10475</u>	<del></del>			☐ Check if this is an
					amended filing
					_
Official I	Form 106H				·
Schedu	le H: Your Cod	ebtors	á		12/15
		•		<u>-</u>	
■ No □ Yes  2. Withir Arizona, ■ No. G □ Yes. □  3. In Column in line 2	California, Idaho, Louisiana o to line 3. Did your spouse, former spo nn 1, list all of your codeb again as a codebtor only	u lived in a community pi Nevada, New Mexico, Pu use, or legal equivalent live tors. Do not include your if that person is a guarar	roperty state or territo lerto Rico, Texas, Wasl e with you at the time? r spouse as a codebto ntor or cosigner. Make	ory? (Community prope hington, and Wisconsin or if your spouse is file e sure you have listed	erty states and territories include n.) ling with you. List the person show I the creditor on Schedule D (Officia D, Schedule E/F, or Schedule G to
fill out C	Column 2.	•	•		
	lumn 1: Your codebtor				reditor to whom you owe the debt
Nan	ne, Number, Street, City, State and Z	IP Code		Check all schedu	ıles that apply:
3.1	•			☐ Schedule D, I	ine
Na	me			☐ Schedule E/F	
				☐ Schedule G, I	
No	mber Street			_	
City		State	ZIP Code		
3.2				☐ Schedule D, I	ina
Na	me				, line
				☐ Schedule G,	
Bi	mber Street			<u> </u>	
Cit		State	ZIP Code		
	-				

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Fill	in this information t	o identify your ca	ise:			-				
Deb	otor 1	John Joseph	Hofer			_				
	otor 2 use, if filing)		·			_				
Unit	ted States Bankrup	tcy Court for the:	DISTRICT OF NEW J	ERSEY	•	_				
	se number 17-	10475					Check if this is: ☐ An amende ☐ A supplement	d filing ent showi		
Ot	fficial Form	1061							following date:	
	chedule I: `		nma				MM / DD/ Y	YYY		12/15
supp	plying correct info use. If you are sep ch a separate shee	rmation, If you a	ible. If two married pec are married and not fili r spouse is not filing w On the top of any additi	ng jointly, and your s ith you, do not includ	pouse e infor	is living mation	g with you, incl about your sp	ude info ouse. If r	rmation abou nore space is	t your needed,
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2	or non-	filing spouse	internal E
	If you have more		Employment status	■ Employed			☐ Emplo	oyed		
	attach a separate information about		Employment status	☐ Not employed			☐ Not e	mployed		
	employers.		Occupation	Contractor						
	Include part-time, self-employed wo		Employer's name	Self Employed						
	Occupation may i or homemaker, if		Employer's address							
			How long employed t	here?						
Par	1 2: Give De	tails About Mon	thiv income					-		
Esti	· · ·	ome as of the da	ate you file this form. If	you have nothing to re	port for	any lin	e, write \$0 in the	e space. I	Include your no	n-filiņg
If yo	ou or your non-filing e space, attach a se	spouse have mo eparate sheet to	ore than one employer, c this form.	ombine the information	for all	employ	ers for that pers	on on the	e lines below. If	you need
						F	or Debtor 1		ebtor 2 or ling spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	3,127.15	\$	N/A	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$_	3,127.15	\$_	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	John Joseph Hofer		Case	number (if known)	17-10475		
-			4	Fo	r Debtor 1	For Debt	g spouse	
•	Cop	y line 4 here	4.	<b>&gt;</b> _	3,127.15	<b>»</b>	N/A	
5.	_	all payroll deductions:	_			•		
	5a.	Tax, Medicare, and Social Security deductions	5a. 5b.	\$_ \$	665.44	\$	N/A	
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5c.	\$-	0.00	\$	N/A N/A	
	5d.	Required repayments of retirement fund loans	5d.	- \$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$-	209.82	š	N/A	
	5f.	Domestic support obligations	5f.	š-	0.00	\$	N/A	
	5g.	Union dues	5g.	Š-	0.00	\$	N/A	
	5h.	Other deductions. Specify: LTD	5ħ.+	· \$	31.59	+ \$	N/A	
		Other ins		\$	14.00	\$	N/A	
6.	Ado	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	920.85	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,206.30	\$	N/A	r
8.		all other income regularly received:	8a.	\$	4,494.04	\$	N/A	
	8b.	Interest and dividends	8b.	š-	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	<b>Ъ</b> _	0.00	\$	N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	nce 8f. 8g.	\$_ \$	0.00	\$	N/A N/A	
	og.	help from girlfriend monthly as	-3.	*-	0.00	·		
	8h.	Other monthly income. Specify: needed	8h.÷	- \$_	200.00	+ \$	N/A	
9.	Ado	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	4,694.04	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		6,900.34 + \$	N/	<b>A</b> = \$	6,900.34
11.	incl othe Do	te all other regular contributions to the expenses that you list in Schedu ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are n porify:	our depe			ted in Schee	dule J. 1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The te that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Ce</i> lies					2. \$	6,900.34 ed
13.	Do	you expect an increase or decrease within the year after you file this for No.	m?					income
	П	Yes. Explain:						Į

Fill	in this information to identify y	our case:		<i>'</i>			
Deb	otor 1 . John Josep	h Hofer		-	Che	ck if this is:	
Dat	otor 2				_	An amended filing	ving postpetition chapter
	ouse, if filing)				ш	13 expenses as of	
Unit	ted States Bankruptcy Court for the	: DISTR	CT OF NEW JERSEY			MM / DD / YYYY	
Cas	e number 17-10475						
(If k	nown)						
0	fficial Form 106J						
S	chedule J: Your	Expe	nses				12/
Be info	as complete and accurate a ormation. If more space is n mber (if known). Answer eve	s possible eeded, att	. If two married people a ach another sheet to this				
Par		ehold					
1.	Is this a joint case?						
	■ No. Go to line 2.  ☐ Yes, Does Debtor 2 live	in a sepa	rate household?				
	□ No	пта обра					
		st file Offic	ial Form 106J-2, Expense	s for Separate Househ	old of De	btor 2.	
2.	Do you have dependents?	□ No					
	Do not list Debtor 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	•	Dependent's age	Does dependent live with you?
	Do not state the			O. R.			□ No
	dependents names.			Girlfriend			■ Yes □ No
							☐ Yes
							□ No
						<u> </u>	☐ Yes
							□ No
3.	De verir etmaneae include		-				☐ Yes
٥,	Do your expenses include expenses of people other	than 🗌	l No				
	yourself and your dependent	ents?	l Yes				
	t 2: Estimate Your Ongo	ing Month	ly Expenses				
exp	timate your expenses as of yoenses as of yoenses as of a date after the plicable date.	our bankı bankruptı	uptcy filing date unless y by is filed. If this is a sup	you are using this for plemental Schedule J	m as a s I, check 1	upplement in a Cha the box at the top o	apter 13 case to report of the form and fill in th
	lude expenses paid for with				,	Single and the St. St. St. Anna and an an Allia and an and an and an an and an an and an an an an an an an an a	· E
	value of such assistance a	nd have in	cluded it on Schedule I:	Your Income		Your expe	enses
•	•				ŧ		·
4.	The rental or home owner payments and any rent for t			Include first mortgage	4.	<b></b>	1,600.00
	If not included in line 4:						
	4a. Real estate taxes				4a.		0.00
	4b. Property, homeowner				4b.	. —	0.00
	4c. Home maintenance, 1 4d. Homeowner's associa	-		•	4c.	•	100.00
			our residence, such as ho	aariibi laana	4d. 5.		0.00 0.00

Deb	tor 1	John Joseph Hofer	Case num	nber (if known)	17-10475
6.	Utilit	ies:	•		
٠.	6a.	Electricity, heat, natural gas	6a.	. \$	400.00
	6b.	Water, sewer, garbage collection	6b.		80.00
	6c.	Telephone, cell phone, Internet, satellite, and cable	services 6c.	. s	337.00
	6d.	Other, Specify:	6d.		0.00
7.	Food	and housekeeping supplies	7.		560.00
8.		care and children's education costs	8.	. \$	0.00
9.		ning, laundry, and dry cleaning	9.	s	186.00
10.		onal care products and services	10.		50.00
		cal and dental expenses	11.	. \$	. 200.00
		sportation. Include gas, maintenance, bus or train fa	re.	·	
		ot include car payments.	12.	. \$	300.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazi	nes, and books 13.	. \$	50.00
14.	Char	itable contributions and religious donations	14.	. \$	25.00
15.	Insu	rance.			
		ot include insurance deducted from your pay or include		_	
		Life insurance	15a		0.00
		Health insurance	15b.		0.00
		Vehicle insurance	15c.		100.00
		Other insurance. Specify:	15d.	. \$	0.00
16.		<ul> <li>Do not include taxes deducted from your pay or include.</li> </ul>		_	
	Spec	·	16.	. \$ _ <del></del> _	0.00
17.		Ilment or lease payments:	470	œ.	0.00
		Car payments for Vehicle 1	17a	·	0.00
		Car payments for Vehicle 2	17b	· ·	0.00
		Other, Specify:	17c		0.00
		Other. Specify:	17d	. \$	0.00
18.		payments of alimony, maintenance, and support		. <b>s</b>	0.00
10		icted from your pay on line 5, <i>Schedule I, Your Inc</i> r payments you make to support others who do n	ome (Omeiai i omi iooi).	* ——	0.00
	Spec		19	-	0.00
20		r real property expenses not included in lines 4 o			
		Mortgages on other property	20a		0.00
		Real estate taxes	20b	. \$	0.00
		Property, homeowner's, or renter's insurance	20c	. s ———	0.00
		Maintenance, repair, and upkeep expenses	20d		0.00
		Homeowner's association or condominium dues	20e	· -	0.00
21.		r: Specify:	21	. +\$	0.00
	011.0			· —	
22.		ulate your monthly expenses			-
		Add lines 4 through 21.		\$	3,988.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any,	from Official Form 106J-2	\$	
	22c.	Add line 22a and 22b. The result is your monthly exp	enses.	\$	3,988.00
22	0-1-	-1-4			
23.		ulate your monthly net income.	Schedule I. 23a	œ	C 000 24
		Copy line 12 (your combined monthly income) from Copy your monthly expenses from line 22c above.		. •\$ \$	6,900.34 3,988.00
	230.	Copy your monthly expenses from line 22c above.	230	·	3,968.00
	230	Subtract your monthly expenses from your monthly	income		
	250.	The result is your monthly net income.	230	.   \$	2,912.34
		The result to your monthly not mounted.			
24.		ou expect an increase or decrease in your expens			
	For ex	xample, do you expect to finish paying for your car loan within			ise or decrease because of a
		ication to the terms of your mortgage?			
	■ N		······································	<del></del>	
		es. Explain here:			

## Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main Document Page 26 of 46

Fill in this informa	ation to identify your o	case:		
Debtor 1	John Joseph Hofe	er		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	DISTRICT OF NEW JERSEY	<del>-</del>	
Case number 17	7-10475			☐ Check if this is an amended filing
Official Form	106Dec			<i>:</i>
Declaration	on About a	n Individual Del	btor's Schedule	<b>PS</b> 12/15
years, or both. 18	U.S.C. §§ 152, 1341, 1		•	o \$250,000, or imprisonment for up to 20
Did you pay	or agree to pay some	one who is NOT an attorney to	help you fill out bankruptcy	forms?
<b>™</b> No				
☐ Yes. Na	eme of person		Af Do	tach Bankruptcy Petition Preparer's Notice, eclaration, and Signature (Official Form 119)
	y of perjury, I declare true and correct.	that I have read the summary a	and schedules filed with this	declaration and
John Jo	Joseph Hofer seph Hofer of Debtor 1	-	X Signature of Debtor 2	
Date <u>Ja</u>	nuary 24, 2017		Date	

## Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main Document Page 27 of 46

					_					
Fil	in th	nis inform	ation to identify you	case:						
De	btor 1	Ī	John Joseph Ho	fer Middle Name		Last Name				
De	btor 2	2	1 list Name	Middle Haille		Cost (451110				
(Spo	ouse if,	filing)	First Name	Middle Name		Last Name				
Un	ited S	States Banl	kruptcy Court for the:	DISTRICT OF NE	N JERSE	Υ				
Ca	se nu	ımber 17	7-10475							
(if k	nown)			<del></del>					Check if this is an	
<u> </u>		•							mended filing	
$\sim$	<b>:c:_</b> :	-1 <b>-</b>	107							
			<u>m 107</u> of Singmaight	Affaina fan Ind	J:: .J	-l- Filin-f	D.	mlenum 4 m. r		
			•	Affairs for Inc						1/16
Be info	as co rmat	implete ar tion. If mo	nd accurate as possi ore space is needed,	ble. If two married p attach a separate sh	eople are neet to th	e filing together, be is form. On the to	oth are e p of any	equally responsible for su additional pages, write yo	pplying correct our name and case	,
			. Answer every ques					,		
Pa	rt 1:	Give De	etails About Your Ma	rital Status and Whe	re You L	ived Before				
1.^	Wha	at is your	current marital statu	s?						
	п	Married								
		Not marri	ed							
2.	Dur	ing the la	et 3 voare have vou	lived anywhere othe	r than wi	here vou live now?	<b>,</b>			
<b>-</b> .	_	ing the it.	se o years, nave you	nved drywnore oute	. tiluii 171	nore you nive now.				
		No Voc Liet	all of the places you l	ivad in the last 2 year	Do not	ingludo whore you	livo now			
	Ц	res. List	all of the places you i	ived in the last 3 year	s. Do not			•		
	Del	btor 1 Pric	or Address:	Dates De lived the		Debtor 2 P	rior Add	ress:	Dates Debtor 2 lived there	
3.	Witt	hin the las	et 8 voare did vou e	er live with a snous	o or lena	l equivalent in a co	ommuni	ty property state or territo	ry? (Community prop	erf
stat	es an	nd territorie	s include Arizona, Ca	lifornía, Idaho, Louisia	ina, Neva	da, New Mexico, P	uerto Ric	o, Texas, Washington and	Wisconsin.)	J,
		No								
			e sure you fill out Sci	nedule H: Your Codeb	tors (Offic	cial Form 106H).				
De	40	<b>E</b> velais	the Courses of Vou	ù lanoma						
Pa	πZ	. explain	the Sources of You	rincome						—
4.	Did	you have	any income from er	nployment or from o	perating	a business during	this yea	ar or the two previous cald ime activities	endar years?	
				have income that you						
	<u> </u>	No								
		Yes. Fill	in the details.							
				Debtor 1	-			Debtor 2		
				Sources of income		Gross income		Sources of income	Gross income	
				Check all that apply.		(before deductions exclusions)	and	Check all that apply.	(before deduction and exclusions)	IS
F.	om 1	anuan/1/	of current year until	□ Magos commiss	ione	•	0.00	☐ Wages, commissions,		
			for bankruptcy:	☐ Wages, commiss bonuses, tips	SIONS,	4	.5.00	bonuses, tips		
				Operating a busing	ness			☐ Operating a business		

Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main. Page 28 of Document ase number (if known) 17-10475 Debtor 1 John Joseph Hofer Debtor 1 Debtor 2 Sources of income Sources of income Gross income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) For last calendar year: ☐ Wages, commissions, \$0.00 ☐ Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: ☐ Wages, commissions, \$0.00 ☐ Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips □ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions)

٥.	Are	eitnei	Deptor 1's or Deptor 2's depts primarily consumer depts?
		No.	Neither Debtor 1 nor Debtor 2 has primarily consumer deb

ts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

#### Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe Was this payment for ...

Official Form 107

Debtor 1 John Joseph Hofer Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Nature of the case Court or agency Status of the case Case title Case number Ocean Othopedic Associates PA Civil Ocean County Court ☐ Pending Special Civil vs John Joseph Hofer ☐ On appeal 118 Washington Street DC-006694-16 □ Concluded Toms River, NJ 08754 **Deutsche Bank National Trust vs** Civil **Ocean County Court** □ Pending Special Civil John Hofer ☐ On appeal F-25959-10 118 Washington Street □ Concluded Toms River, NJ 08754 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the Property Date Value of the **Creditor Name and Address** property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Date action was Amount Describe the action the creditor took Creditor Name and Address taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes

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ase number (if known) 17-10475

Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main Page 30 of 46 Case number (if known) 17-10475 Document Debtor 1 John Joseph Hofer Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Dates you gave Value Gifts with a total value of more than \$600 Describe the gifts the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes, Fill in the details for each gift or contribution. Dates you Value Gifts or contributions to charities that total Describe what you contributed contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe any insurance coverage for the loss Date of your Value of property Describe the property you lost and loss lost how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes, Fill in the details. Amount of Description and value of any property Date payment Person Who Was Paid or transfer was payment transferred Address made Email or website address Person Who Made the Payment, if Not You Legal Fees \$3,500 (client paid \$2,090 \$2,090.00 William H. Oliver, Jr., Esq. prior to filing and remaining balance of 2240 State Highway 33, Ste 112 \$1,410 to be paid through the chapter Neptune, NJ 07753 13 plan). Filing Fee \$310 paid Credit Report Fee \$50 paid **Upper Court Judgement Search Fee** \$50 paid 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

■ · No

Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property

transferred

Date payment or transfer was Amount of

made

payment

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	Inclu	sferred in the ordinary course of your bude both outright transfers and transfers mude gifts and transfers that you have alread	ade as security (such as	the granting of	a security i	nterest or mortgage on you	ur property). Do not
		No					
		Yes. Fill in the details. rson Who Received Transfer dress	Description and property transfer			ribe any property or ents received or debts	Date transfer was made
	Au	· · · · · · · · · · · · · · · · · · ·	property transfer	icu		in exchange	made
-	Per	rson's relationship to you				•	
19.		hin 10 years before you filed for bankrup eficiary? (These are often called asset-pro No		ny property to	a self-settle	ed trust or similar device	of which you are a
		Yes. Fill in the details.					
	Na	me of trust	Description and	value of the pr	operty tran	sferred	Date Transfer was made
Par	t 8:	List of Certain Financial Accounts, Inc	struments, Safe Depos	it Boxes, and S	Storage Un	its	
20.	solo Incl	hin 1 year before you filed for bankrupto d, moved, or transferred? ude checking, savings, money market, o uses, pension funds, cooperatives, asso	or other financial accou	unts; certificat	es of depos		
		No					
	□ 	Yes. Fill in the details.	1 4 4 4 1 14 4	Tunn of non-		Data assessmt was	Last balance
		me of Financial Institution and dress (Number, Street, City, State and ZIP le)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	before closing or transfer
21.		you now have, or did you have within 1 h, or other valuables?	year before you filed fo	or bankruptcy,	any safe de	eposit box or other depos	sitory for securities,
		No			_		
		Yes. Fill in the details.					
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Hav	re you stored property in a storage unit	or place other than you	ır home within	1 year befo	ore you filed for bankrup	tcy?
		No					
		Yes. Fill in the details.					
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Pai	t 9:	Identify Property You Hold or Control	for Someone Else				
23.		you hold or control any property that so someone.		lude any prop	erty you bo	rrowed from, are storing	for, or hold in trust
		No Yes. Fill in the details.					
		vner's Name Idress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Pa	t 10	Give Details About Environmental Inf	ormation	···			
For	the	purpose of Part 10, the following definit	ions apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Dates business existed

No No

☐ Yes. Fill in the details below.

Name Address Date Issued

(Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Debtor 1 John Joseph Hofer

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Case number (if known) 17-10475

with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

Isl John Joseph Hofer
John Joseph Hofer
Signature of Debtor 2

Signature of Debtor 2

Date
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-10475-CMG

Doc 10

Fill in this inforr	Fill in this information to identify your case:				
Debtor 1	John Joseph Hofer				
Debtor 2 (Spouse, if filing)					
United States E	United States Bankruptcy Court for the: District of New Jersey				
Case number 17-10475 (if known)					

Check	Check as directed in lines 17 and 21:								
	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

		•	•						
Part	1: Calculate Your Average Monthly Income			_					
1.	What is your marital and filing status? Check o	ne onl	y.		_		•		
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2	:-11.							
10 6	II in the average monthly income that you received from 11(10A). For example, if you are filing on September 15, the months, add the income for all 6 months and divide the tota e same rental property, put the income from that property in	6-mon	ith perio Fill in th	d would be Ma e result. Do no	arch 1 throught include ar	gh Augus ly income	st 31. If the amou e amount more th	nt of your monthly income varie an once. For example, if both	ed during the
						Colum Debto		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtiall payroll deductions).	ime, a	ind co	mmissions	(before	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not incocolumn B is filled in.	:lude p	oaymer	nts from a sp	ouse if	\$	0.00	\$	
4.	All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your hous and roommates. Include regular contributions from filled in. Do not include payments you listed on line	port. ehold, n a spo	Include your o	e regular cor dependents,	itributions parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	D	ebtor						
	Gross receipts (before all deductions)	\$		7,520.2	_				
	Ordinary and necessary operating expenses	-\$		3,026.1	<u>B</u>				
	Net monthly income from a business, profession, or farm	\$		4,494.0	Copy 4 here ->	\$	4,494.04	\$	
6.	Net income from rental and other real property	D	ebtor		٠ اس				
	Gross receipts (before all deductions)		\$	0.00					
	Ordinary and necessary operating expenses		-\$	0.00				_	
	Net monthly income from rental or other real prope	erty	\$	0.00 Co	py here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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eptor	John Joseph Hoter			Case number	(ir known)	17-104/5	<del></del>	
				Column A Debtor 1		Column B Debtor 2 c		
7. I	nterest, dividends, and royalties			\$	0.00	\$		
8. l	Inemployment compensation			\$	0.00	\$		
	Oo not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:	received was a benefi	t					
	For you \$	0.0	0_					
	For your spouse \$		_					
	Pension or retirement income. Do not include any amo penefit under the Social Security Act.	ount received that was	а	\$	0.00	\$		
] ] (	ncome from all other sources not listed above. Spec Do not include any benefits received under the Social Se eceived as a victim of a war crime, a crime against hum domestic terrorism. If necessary, list other sources on a otal below.	ecurity Act or payment nanity, or international	s or					
	help from girlfriend monthly as needed		_	\$	550.00	\$		
			_	\$	0.00	\$		
	Total amounts from separate pages, if any.		+	· \$	0.00	\$		
	Calculate your total average monthly income. Add line each column. Then add the total for Column A to the total		\$	5,044.04	<b>*</b>		<b>             </b>	5,044.04
	Copy your total average monthly income from line 1	1				· · · · · · · · · · · · · · · · · · ·	\$	5,044.04
	You are not married. Fill in 0 below.							
1	☐ You are married and your spouse is filing with you.	Fill in 0 below.						
	☐ You are married and your spouse is not filing with y							
	Fill in the amount of the income listed in line 11, Co dependents, such as payment of the spouse's tax I	olumn B, that was NO	regu supp	larly paid for toor took	he house e other t	ehold expense han you or yo	s of you ur depen	or your dents.
	Below, specify the basis for excluding this income adjustments on a separate page.	and the amount of inco	ome d	levoted to eac	h purpos	e. If necessar	y, list ad	ditional
	If this adjustment does not apply, enter 0 below.		_					
			\$_ \$		_			
			* – +\$		_			
			•• –		=			
	Total		<b>s</b> _	0.0	<u>0</u>   co	py here≕>		0.00
14.	Your current monthly income. Subtract line 13 from	line 12.		-			\$	5,044.04
15.	Calculate your current monthly income for the year	r. Follow these steps:						
	15a. Copy line 14 here=>			···		÷	\$	5,044.04
	Multiply line 15a by 12 (the number of months in	ı a year).					x	12
	15b. The result is your current monthly income for the	e year for this part of the	ne for	m	•••••		\$	60,528.48

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Case number (if known) 17-10475

16.	. Calcula	te the median family income that applies to y	ou. Follow these steps:		
	16a. Fill	in the state in which you live.	NJ		
	16b. Fill	in the number of people in your household.	2	•	
	16c. Fill	in the median family income for your state and sfind a list of applicable median income amounts	size of household.	\$	74,367.00
		structions for this form. This list may also be avai		ne separate	
17.	. How do	the lines compare?			
	17a.	Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b.	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu copy your current monthly income from line	lation of Your Disposable Income (		
Part	3: 0	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Сору ус	our total average monthly income from line 1	1.	\$	5,044.04
	Deduct contend	the marital adjustment if it applies. If you are I that calculating the commitment period under 1 s income, copy the amount from line 13.	married, your spouse is not filing with	you, and you	
	19a. If ti	he marital adjustment does not apply, fill in 0 on	line 19a.	-\$	0.00
	19b. Su	btract line 19a from line 18.		\$	5,044.04
				_	
20.	Calcula	ite your current monthly income for the year.	Follow these steps:		
	20a. Co	py line 19b		\$	5,044.04
	Mu	ultiply by 12 (the number of months in a year).			x 12
				Γ	
	20b. Th	e result is your current monthly income for the ye	ear for this part of the form	\$	60,528.48
	20c. Co	py the median family income for your state and	size of household from line 16c		74,367.00
				L	
-	21. Ho	ow do the lines compare?			
	×	Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the court, on the top of p	page 1 of this form, check box	3, The commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise ordered by the court, or	n the top of page 1 of this form	, check box 4, The
Par	t 4: ` \$	Sign Below			
	By signi	ing here, under penalty of perjury I declare that the	he information on this statement and in	n any attachments is true and	correct.
)	( /s/ Jo	hn Joseph Hofer			
•	John	Joseph Hofer	-		
	_	ture of Debtor 1 anuary 24, 2017			
		MM / DD / YYYYY			
	If you cl	hecked 17a, do NOT fill out or file Form 122C-2.			
	If you cl	hecked 17b, fill out Form 122C-2 and file it with t	his form. On line 39 of that form, copy	vour current monthly income	from line 14 above.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	:	Liquidation	
\$2	45	filing fee	
\$	75	administrative fee	
<u>+ \$</u>	15	trustee surcharge	
\$3	35	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee + \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee + \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Document

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court District of New Jersey

In r	e John Joseph Hofer	•	Case No.	17-10475
		Debtor(s)	- Chapter	13
	DISCLOSURE OF COMPENS	SATION OF ATTORN	EY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	3,500.00
	Prior to the filing of this statement I have received	······································	\$	2,090.00
	Balance Due		\$	1,410.00
2.	\$ 310.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed comper	nsation with any other person un	less they are memb	pers and associates of my law firm.
•	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
6.	In return for the above-disclosed fee, I have agreed to rend	der legal service for all aspects o	f the bankruptcy c	ase, including:
	<ul> <li>a. Analysis of the debtor's financial situation, and renderi</li> <li>b. Preparation and filing of any petition, schedules, staten</li> <li>c. Representation of the debtor at the meeting of creditors</li> <li>d. [Other provisions as needed]</li> </ul>	nent of affairs and plan which ma	ay be required;	
7.	By agreement with the debtor(s), the above-disclosed fee of Negotiations with secured creditors to recreaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on house	duce to market value; exem is as needed; preparation a	ption planning;	
	Chapter 13 clients are charged an hourly agreement between the parties and \$125.			as agreed upon in the fee
	The Debtor(s) have agreed that this office	may hire another attorney	to make appear	ances at hearings.
	Representation of the debtors in any disc any other adversary proceeding and moti			es, relief from stay actions or

Case 17-10475-CMG Doc 10 Filed 01/24/17 Entered 01/24/17 14:45:54 Desc Main Document Page 42 of 46

In re	John Joseph Hofer		Case No. 17-10475	
		Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete stathis bankruptcy proceeding.	tement of any agreement or arrangement for payment to me for representation of the debtor(s) in
January 24, 2017 Date	/s/ William H. Oliver, Jr. William H. Oliver, Jr. Signature of Attorney William H. Oliver, Jr.
	2240 Highway 33 Suite 112 Neptune, NJ 07753 732-988-1500 Fax: 732-775-7404 bkwoliver@aol.com

Name of law firm

### United States Bankruptcy Court District of New Jersey

		•		
In re	John Joseph Hofer		Case No.	17-10475
		Debtor(s)	Chapter	_13

#### VERIFICATION OF CREDITOR MATRIX

	V EX	differential of Citability Citability	
			•
The ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and correct to the best of I	nis/her knowledge.
Date:	January 24, 2017	/s/ John Joseph Hofer	
		John Joseph Hofer	
		Signature of Debtor	

B & B Collections Inc. Po Box 2137 Toms River, NJ 08754

Capital One retail Service - Yamaha Po Box 71106 Charlotte, NC 28272

Celetano, Stadtmauer & Walentowicz 1035 Route 46 East Clifton, NJ 07015

Certified Credit & Collection P.O. Box 336 Raritan, NJ 08869

Community Medical Center P.O. Box 29969 New York, NY 10087

Community Medical Center P.O. Box 903 Oceanport, NJ 07757-0903

Elevate Recoveries PO Box 260804 Plano, TX 75026

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

First Resoulution Investment Corporation PO Box 34000 Seattle, WA 98124

Foreclosure Processing Services Superior Court Clerk PO Box 971 Trenton, NJ 08625 Internal Revenue Service Special Procedures Bankruptcy Section P.O. Box 724 Springfield, NJ 07081

Jersey Shore University Medical Center Meridian Health Pt Pymt PO Box 417140 Boston, MA 02241

Kimball Emergency Med Assoc Po Box 417442 Boston, MA 02241

Ocean Orthopedic Associates, PA 530 Lakehust Road, 1st Floor Toms River, NJ 08755

Ocwen Loan Servicing 1661 Worthington Road Suite 100 West Palm Beach, FL 33409

OMS/Manahawkin Urgent Care 712 E Bay Ave., Suite 22B Manahawkin, NJ 08050

Phelan Hallinan Diamond and Jones, PC 400 Fellowship Road Suite 100 Mount Laurel, NJ 08054

Prabhat Das, MD 1398 Cabernet Court Toms River, NJ 08753

Select Portfiolio Servicing 3815 S. West Temple, Suite 2000 Salt Lake City, UT 84115

Sheffield Financial Co 2554 Lewisville Clemmons Clemmons, NC 27012 State of New Jersey Department of the Treasury Division of Taxation P.O. Box 187 Trenton, NJ 08695-0187

The Urgent Care Group Po Box 8594 Belfast, ME 04915-8594

Tidal Emergency Physicials P.O. Box 41433 Philadelphia, PA 19101

Transworld Systems Inc, 30600 Telgraph RD Suite 4235 Franklin, MI 48025

United Telemanagement Corp. Community Medical Center Billing Dept. P. O. Box 711943 Cincinnati, OH 45271-1943

Wfds/wds Po Box 1697 Winterville, NC 28590